PUBLIC EMPISCLOSURE COMMISSION			511 50 000
711 CAPITOL WAY RM 204	Candidate		DATE FILED PDC
PO BOX 40908		(:1	
OLYMPIA WA 98504-0908 (366) 763-1111	Registration		JUN 1 8 2009
Tell Free 1-877-401-2828	•	(1/2008)	<b>4014 2 3 3 3 3</b>
Candidate's Name (Give candidate's full name.)			Telephone Number
Robert 1	ma. I.		1
NOUEFT LEE	Meador		(425) 745-130L
Candidate's Committee Name (Do not abbreviate.)			Fax Number
			( )
Mailing Address			Conditions E Santi Adda
17313 7- AV	c West		Candidate's E-Mail Address
City	County		Bob Meador & Concert
1 4 4 4 11 4 4		Zip+4	Campaign E-Mail Address
I III Creek	Snohomish	98012	Same
What office are you running for?	Legislative District, County or City	Position No.	Do you now hold this office?
County Council	#4 Snahomish (	and 4	Yes 🔲 No 🔀
Political party (if partisan office)	#4 Snowmish C	3. Date of general or spec	ial election
Red. History		At At	3 -
4. How much do you plan to spend during your entire e	I and a second s	Novembe	<u> </u>
the reporting options below. If no box is checked you and changing reporting options	ection campaign, including the primary ar	nd general elections? Ba	sed on that estimate, choose one of
and changing reporting options.	A CALL OF THE REPORTING	3. See instruction manuals	for information about reports required
Amend =0		Ka.m.	
Option I MIN! REPORTING: In addition to my filin and local voters pamphlets. I will not accept more the	g fee of \$ 1,002, I will raise and spend n	o more than \$5,000, includir	ng any charges for inclusion in state
and local voters pamphiets. I will not accept more the	nan \$500 in the aggregate from any contributor	except myself.	
Option II FULL REPORTING: I will use the Full Re	porting system. I will file the frequent, detailed	campaign reports required b	y law.
5. Treasurer's Name and Address. Does treasurer perform			
i wax page for details. List deputy treasurers on attached	sheet.	Continued on attached	Daytime Telephone Number
sheet.			1,
			]( )
Mone at this	Time		
6. Persons who perform only ministerial functions on your b	ehalf and on behalf of other candidates or politic	ral committees. List name t	itle and address of those services C
WAC 390-05-243 and next page for details.		an committees. List name, i	Continued on attached
3.00.			
hore at 7/15	Time	•	
7. Committee Officers and other persons who authorize exp	enditures or make decisions on your behalf Lis	t name title and address 5	on nort none for definition of \$ 45 1
sheet.		, marrie, and and address. C	Continued on attached
311001.			
			•
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		•	•
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4 1 -11.	, ,		•
none at this	TIME		
Campaign Bank or Depository	Branch		City
			·
9. Related or Affiliated Political Committees. List name, add			
sheet.	ress and relationship.		Continued on attached
14 - A	<i>→</i> .:		i
10 Campaign books must be seen to the authlich	rime		
<ol> <li>Campaign books must be open to the public by appointme holidays. In the space below, provide contact information a post office box or an out-of-area address.</li> </ol>	int between 8 a.m. and 8 p.m. during the eight of for scheduling an appointment and the address.	lays before the election, exc	ept Saturdays, Sundays, and legal
a post office box or an out-of-area address.			
Street Address, Room Number, City where campaign b	norte will be evaluable for increasing	7317 73	Ave west
anipagn t	, oons will be available for inspection	Mill Charle	Ave west k, wa 98012
In order to make an appointment, contact the campaign at	(telephone fax a mail): (4257 -	5-130L	100.
11. CERTIFICATION:	•	1-1206	
I certify that this report is true, complete and correct to the	best of my knowledge.		
Candidate's Signature	-	Date	•
8. Meador			
//\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 - 10-	70.40
- Hours		6-18-	2007

amended L. Meador

11-4-2009